

RETURN must be made for each, and the number of each
to be stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 158
Registered No. 113

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Miami No. 44 Miami St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Humberto Romero { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth March 8, 29
Month Day Year

8. FATHER
Full name Luisa Cuper Romero

14. MOTHER
Full maiden name Maria Avila

9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race mex 11. Age at last birthday 42 (Years)

16. Color or race mex 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Zacatecas
(State or country) mexico

18. Birthplace (city or place) Zacatecas
(State or country) mex

13. Occupation Laborer
Nature of Industry

19. Occupation H. W.
Nature of Industry

20. Number of children of this mother 11 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 4 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 12:10 m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Charles E. Trinn M.D.
Physician or midwife.

Given name added from a supplemental report _____ Address Miami
Month, day, year March 15, 29 Filed C. E. Trinn
Registrar Registrar

496-308-411